

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3				
5		0				
6	1		1			
7	1	1		1		
8		2				
9	1		1			
10						
11		2				
12		0				
13						
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	0		1			
TOTAL CLAIMS	6		7			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL CLAIMS						